U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8414	2. Fiscal Year Covered From:			
	1/1/04 Through: 12/31/05			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Paul RAndersein	Name IVEC Local No.9			
	Labor Organization File Number 052-242			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 3533 Crystal Place	Street 433 Little Candala Road East			
City Way rata	city Little Canada			
State MN ZIP Code + 4 55391	State			
5. Position in labor organization. President				
Enter appropriate data below if, during the past fiscal year, you or your spo	use or minor child directly or indirectly had any of the following interests			
	sions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name National Flevator Industry Ect Program	Instructor pay			
Trade Name, if any: NEIEP	4860,00			
P.O. Box, Bldg., Room No., if any	-			
Street Eleven Larsen way	7.b. Amount.			
city Attle haad For 1/5	4860.00			
State MA ZIP Code + 4 02763				
Signature				
15 Signature and verification. The undersigned declares, under negative of				
submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)			
submitted in this report (including the information contained in any accompany	ing documents), has been examined by the signatory and is, to the best of the			
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2004 W-2 and EARNINGS SUMMARY



This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2004 pay stub plus any adjustments submitted by your employer.

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3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroli dept.

PAUL R. ANDERSEN 3533 CRYSTAL PL WAYZATA MN 55391

Social Security Number: 472-66-2700 Taxable Marital Status: SINGLE Exemptions/Allowances:

FEDERAL: 0 STATE: 0

O 2004 AUTOMATIC DATA PROCESSING, INC.

Fold and Detach Here